ART. XXV.—*Clinical Lectures and Reports, by the Medical and Surgical Staff of the London Hospital.* Vol. IV.—1867-8. Edited by Dr. CLARK, Dr. DOWN, Mr. HUTCHINSON, and Mr. MAUNDER. 8vo. pp. viii., 525. London: John Churchill & Sons.

THE present volume of the London Hospital Reports has been long waited for, and we suspect that the explanation of the delay may be found in a certain fact revealed by the table of contents, namely, that about two-fifths of the entire volume is the work of the two surgical editors. Mr. Hutchinson alone is responsible for more than one-fourth of the whole, and may well claim credit for his industry, as well as for the ability always displayed in his writings. As has been our custom in dealing with the published reports of other hospitals, we propose to offer our readers a short analytical and critical review of the various papers embraced in this volume, thus furnishing a sort of *compte rendu* for those who may not have access to the work itself.

The first article, by Mr. CURLING, is called "*Further Observations on Lumbar Colotomy, for the Relief of Intractable Diseases of the Rectum; with Four Cases of Operation.*" In two of the cases the operation was successful; in the other two proving fatal on the eighth and sixth days respectively. In one of these cases, as in Mr. Curling's first case, which occurred in 1856, death was due to persistent vomiting, attributed to the inhalation of chloroform. In connection with this paper, we may notice a case of colotomy by Mr. MAUNDER, recorded at page 225 (fatal on the sixteenth day), and one by Mr. CARTER, successful, reported at page 286. Study of these cases confirms the opinion which we had formed from the previous labours of Mr. Curling and others upon the same subject, that the operation of lumbar colotomy is one which it is the surgeon's duty to recommend in cases of intractable disease of the rectum. The case is very different from that of internal obstructive disease of the bowel at another part, for in such instances medical treatment is usually preferable to surgical interference. The results of lumbar colotomy, when successful, are so satisfactory, and the risks of the procedure (as an operation) so slight, that it should, we think, be unhesitatingly employed in cases where it may seem to be required.

After Mr. Curling's paper come "*Four Lectures on Compression of the Brain,*" by JONATHAN HUTCHINSON, F. R. C. S. These lectures, we scarcely need say, are eminently practical and instructive. By the ophthalmoscope, Mr. Hutchinson has been enabled to study the mode in which death is produced by compression. In the case of a patient dying of simple compression, Mr. Hutchinson says: "I could see the disk fairly, and satisfied myself that the choroid was unusually pale; that the central vein of the retina was of at least average fulness, and that the artery, although small, was not extremely so. On looking a few minutes after he died, I found the artery scarcely perceptible, and the veins still of considerable size." This gives a hint as to the state of affairs in death from compression, and we are accordingly prepared to find that post-mortem examination of such cases show the brain substance itself to be in a state of anæmia: "in all probability the manner in which compression proves fatal is by squeezing the blood out of the brain substance." As a further illustration of this point, we may mention a case which came under our observation at the Cuyler U. S. Army Hospital, during the late war, of death from secondary hemorrhage from a wound in the neighbourhood of the internal jugular vein. So completely did the patient's symptoms during the last hours of his life simulate those which would result from cerebral compression, that the medical officer of his ward, who watched him with unremitting attention, was fully convinced that he was actually dying from a clot on the brain. and was much surprised to find the cranial cavity, equally with his other organs, absolutely exsanguine. There are many points of great interest, both physiologically and surgically, in these lectures, which we should like to dwell upon, but which we are compelled to pass by. From Mr. Hutchinson's "concluding remarks" we extract the following. With regard to *effusions of* *blood between bone and dura mater*, our author says: "These are especially important, because generally supposed to be capable of relief by treatment. Yet it is a remarkable fact that the modern annals of surgery do not, as far as I am aware, contain any cases in which life has been saved by trephining for this state of things. . . . . Cases of abscess between the dura mater and bone, consequent on fracture or contusion of the skull, will be exceedingly difficult to distinguish from those of arachnitis. Arachnitis is infinitely the more common result of such injuries; and you are aware that I have recently asserted, and, I think, proved, that hemiplegia is its usual symptom. In these cases there is almost always a little lymph or pus between the bone and membrane, but no collection which you could let out by trephining. If you adopt the rule of trephining in all cases in which, after bruise or fracture of the skull, the patient has become hemiplegic or comatose, with inflammatory symptoms, you will operate in twenty cases of arachnitis for one in which you will find any considerable collection external to the dura mater." With regard to abscess of the brain: "Should these symptoms [those of cerebral abscess] follow a known punctured wound of the brain, trephining and perforation of the membranes and brain may be justifiable." We believe that cases of abscess of the brain, invariably sooner or later terminate fatally; yet in a certain number life has been prolonged for a considerable time by judicious medical treatment; and the recoveries after trephining in these cases have been so very few, that we must hesitate to subscribe even to Mr. Hutchinson's qualified recommendation.

"You will have noticed," our author continues, "that I have said nothing as to depressed bone as a cause of compression. . . . I have never seen a case in which there seemed definite reason to think that depression produced symptoms. . . . I have, of course, seen plenty of cases of depressed fractures with head symptoms; but, in all, the symptoms were those of severe concussion or of lacerated brain, and not those of compression. The practice of trephining and elevation is, I think, strongly to be recommended in all cases of compound fracture with depression; but it is in order to prevent inflammatory symptoms, not to relieve an imaginary state of compression of the brain."

We think it but right to say that we believe there are at the surgeon's command, safer as well as more trustworthy means of preventing and combating inflammation of the brain than such a heroic procedure as trephining. This paper is illustrated with two lithographic plates.

We find next, also by Mr. HUTCHINSON, a very interesting "*Case of Stricture of the Œsophagus, after swallowing Caustic Potash—Gastrotomy proposed, but not performed.*" The reason that the operation was not had recourse to was, that on the day fixed for its performance the patient was found to be much better, and from that period went steadily onward to convalescence. From the result of this case Mr. Hutchinson has made up his mind that gastrotomy for œsophageal stricture is unjustifiable, and he goes on to denounce, with it, several other operations which have recently been advocated on high authority. "Opening the abdominal cavity to search for a cause of intestinal obstruction; trephining the vertebræ for fracture of the spine;[1] ligature of the innominate or inner third of subclavian artery; the distal ligature of large vessels; and some others, are such dangerous methods of treatment that they cannot be resorted to excepting in the supposed inefficiency of all other means. Yet the cases for which they are proposed are never actually hopeless, and every now and then, in those apparently most so, recovery will ensue. . . . . Respecting all the operations I have mentioned, I may express my firm conviction that the surgeon who resolutely declines to perform them will, in the long run, do more for the lengthening of his patients' lives than he who, although with the utmost acumen of diagnosis and skill in operating, permits himself to resort to them. There are other means of treatment, less brilliant, but more hopeful."

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[1] As an amusing comment on Mr. Hutchinson's denunciation, we find recorded on a subsequent page of the volume, a case of trephining the spine (fatal) by Mr. H.'s colleague and co-editor, Mr. Maunder, and one of "gastro-stomachotomy" (also fatal) by his senior colleague, Mr. Curling.

We may add that while we are disposed to coincide in our author's views upon this subject, we were scarcely prepared for such extremely conservative doctrines from the same pen which but six pages before recommended trephining the skull as a harmless antiphlogistic.

Mr. HUTCHINSON next contributes a "*Case in which Incontinence of Urine was the first and almost the only Symptom of Prostatic Retention, with Secondary Disease of the Kidneys.*" This case, which we need not say is very well told, furnishes an additional illustration of the fact dwelt upon by Sir Henry Thompson and others, that the so-called incontinence of urine indicates an over-distended, and not an empty bladder.

The next paper is "*On Ligature of a Main Artery to arrest Acute Traumatic Inflammation,*" by C. F. MAUNDER. Mr. Maunder is mistaken in supposing, as he apparently does (page 70), that the proposal to treat joint wounds by ligating the main artery of the limb is original with himself.[1] We were perfectly familiar with the idea at the beginning of the late war, more than six years ago; having frequently heard it discussed among army surgeons, and we may add almost universally condemned. We have no personal experience of the plan, but we believe it to be bad surgery both in theory and in practice, for the following reasons: Theoretically we hold, with most modern pathologists, that inflammation is clinically a disease of *depression*, and hence we cannot suppose it right to add to that depression by cutting off all nutriment from the part affected. Bleeding, cupping, leeching, free incisions, when they do good in inflammations do it by their mechanical effect upon the inflamed part—the loss of blood is, *per se*, an evil. We have indeed seen cases do very well after the ligation of a main artery for secondary hemorrhage; but our experience teaches us that the same cases would have done even better without either hemorrhage or ligation. We do not think tying the femoral artery necessarily such a dangerous procedure as it is sometimes represented, but we cannot believe it such a slight matter as to be resorted to where the need of it is not very evident. Mr. Maunder considers his operation "highly conservative, as no blood is drawn from the patient." But the blood or nutritive fluid is withdrawn from that part of the patient which is already in a state of grave depression, and we do not see how the rapid cell proliferation which is going on in tissues whose vitality is already impaired, can be favourably influenced by taking away when it is most necessary, not venous blood surcharged with effete materials, but the sole supply of healthy nutriment upon which the ultimate salvation of the affected part must depend.

As we have said, we have no *personal* experience of the operation under consideration. We have, however, been assured by army surgeons of high rank and vast military experience (who have seen the practice fairly tried) that its sole effect, at least in cases of gunshot wounds of the knee-joint, has been to postpone for a variable period the inevitable changes which have followed in the injured part just as surely, though more slowly, than if the femoral artery had not been tied. We think our readers will agree with us that it will require more than the one case on which Mr. Maunder's theory is based, to show the propriety of "the ligature of a main artery to arrest acute traumatic inflammation."

In the next paper Mr. MAUNDER relates three cases of prostatic abscess which he treated by puncture through the rectum. In each case the result was entirely satisfactory.

Next follows a paper "*On Human Milk,*" by C. MEYMOTT TIDY, M.B. This paper is scarcely in place among "Clinical Lectures and Reports," but is, notwithstanding, of some practical value. A curious case which occurred in Mr. Tidy's practice is mentioned, where a young lady's good name was called in question from the fact of her breasts secreting a large quantity of milk; the explanation was found to be that she had taken care of the new-born babe of her married sister who had died in childbirth, and to soothe the infant had allowed it to find its way to her nipples, with the rather awkward result of stimulating the mammary glands to an unnatural and unwished for activity.

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[1] Since writing the above sentence, we have learned that Mr. Maunder has, in the *British Medical Journal* for June, 1868, acknowledged the priority of American surgeons in proposing deligation of the femoral artery under the circumstances indicated; it is to be observed, however, that though Dr. Onderdonk did suggest the operation as a prophylactic against inflammation, yet in the case in which he actually tied the artery, the operation was done to check otherwise uncontrollable hemorrhage.—*Amer. Med. and Philosoph. Register*, vol. iv. 1814, pp. 176–181.

We find next a paper of sixty pages, elaborate and excellent, on "*Hoarseness and Loss of Voice in Relation to Nervo-muscular Affections of the Larynx,*" by MORELL MACKENZIE, M. D. Anything which Dr. Mackenzie has to tell us in regard to subjects which he has made so much his own as laryngoscopy and laryngeal diseases, is worthy of our attention, and hence we earnestly commend this paper to the careful study of our readers. Its nature prevents any analysis, and we have no criticism to offer: suffice to say that our author divides nervous affections of the larynx into diseases of the motor system and those of the sensory system, subdividing the former into cases of paralysis of the vocal cords, and those of spasm of the same organs. He then speaks of these affections in connection with the various muscular structures which govern the motions of the vocal cords, taking up successively the causes, symptoms, diagnosis, pathology, prognosis, and treatment in each instance. One point which we have noted for quotation is, that bilateral paralysis of the adductors of the vocal cords is common in the latter stages of phthisis, and is then frequently mistaken for actual tuberculous disease of the larynx. This mistake can be avoided by the use of the laryngoscope, and of course both the treatment and the prognosis of the case will greatly differ accordingly as the affection is or is not organic. Dr. Mackenzie has obtained great advantage, in some of these paralytic cases, from the local use of electricity, applied directly to the affected parts by means of his "laryngeal electrodes." In bilateral paralysis of the *abductors* "tracheotomy should be performed without delay to save the patient from dying of suffocation." The operation is likewise sometimes required in the spasmodic affections, laryngismus stridulus, etc.

This valuable paper gives the details of twenty-seven cases, and is adorned with two lithographic plates and several wood-cuts. An appendix discusses the subject of atrophy of the vocal cords, of which affection Dr Mackenzie has seen four cases; three (which are related) depending on syphilis, and the fourth on chronic lead-poisoning.

Following Dr. Mackenzie's excellent contribution we find two papers upon skin diseases by Mr. HUTCHINSON. The first is called "*Hints as to the Study of Skin Diseases,*" and the second is "*A Lecture on the Treatment of Skin Diseases.*" That these papers are well written and worthy of attention is a matter of course, but they are neither clinical lectures nor clinical reports. They swell the size of the volume, and serve the purpose of padding—of a very good quality it is true —but padding nevertheless. From the second paper we quote the following summary:—

"In order to success in the cure of skin diseases we must be prepared to act promptly and energetically in the following articles of creed:—

"1. That the itch insect is the real cause of scabies.

"2. That a vegetable parasite is the real cause of favus, ringworm, and tinea versicolor.

"3. That most inflammatory products are contagious, and can induce, if applied whilst living to healthy tissues of the same kind as those which furnished them, a similar form of inflammatory action.

"4. That the contagion of recent and living pus formed by the skin is a very common cause of skin inflammations, and may induce them as well in the same patient as in others.

"5. That inflammations of the skin spread in extent by the contagion of continuity, *i. e.*, by cells produced by inflammation coming in contact with those as yet healthy.

"6. That to prevent or put an end to the contagion of inflammatory products all that is necessary is to destroy their vitality.

"7. That the vitality of inflammatory products may be destroyed by various forms of escharotics and caustics, and that it may be greatly modified by other means which stop short of destruction of tissue.

"8. That mercury, iodine, and arsenic possess marvellous powers in modifying the vital properties and tendencies of inflammatory products.

"9. That mercury is efficacious against almost all forms of the inflammatory process, provided it be used in doses sufficiently reduced not to disturb the patient's health.

"10. That mercury is efficient in procuring the resolution of inflammation, whether applied locally or introduced into the blood, and that when circumstances allow, its local use is much safer, and permits of a cure being accomplished with a much smaller quantity.

"11. That mercury possesses especial efficiency against the forms of inflammation which occur in consequence of syphilis, especially those met with within two years of the contagion (secondary).

"12. That the salts of iodine possess specific efficiency against syphilitic inflammations, especially those which occur many years after the contagion (tertiary).

"13. That a large number of skin-diseases are local from beginning to end, and are to be influenced only by local treatment; the three forms of tinea, scabies, molluscum contagiosum, porrigo, prurigo pedicularis, many forms of eczema, etc.

"14. That many other skin-diseases are local in origin, but affect the constitution afterwards, and require for cure both local and general treatment; erysipelas, many forms of eczema, many forms of prurigo.

"15. That some skin-diseases of constitutional origin are yet chiefly susceptible of treatment by local remedies—lupus, carbuncles, boils.

"16. That there is really some peculiar state of health which we cannot yet define, which renders its subjects liable to general eruptions of different forms, which are always symmetrical, always liable to relapse, usually met with in the young, and always more or less definitely under the influence of arsenic. To this state of health the French have given the name 'dartrous diathesis.' It accounts for common psoriasis, many forms of eczema, lichen, and pityriasis, common pemphigus, and many forms of lupus.

"17. That the 'dartrous diathesis' may be complicated by others; as, for instance, by the presence of a syphilitic taint.

"18. That nearly all inflammations occurring in the lower extremities are much influenced by hydraulic conditions which must be always kept in view in the treatment."

We next find, still by the indefatigable Mr. HUTCHINSON, "*Two Lectures Introductory to the Use of the Ophthalmoscope.*" These lectures, we learn from a foot-note, Mr. Hutchinson is in the habit of reading as part of his ophthalmic course: "They have no pretensions whatever to originality, and must be regarded merely as educational lectures." Those of our readers who may be ignorant of the theory of the ophthalmoscope, and who possess no text-book which treats of the subject, may have recourse to these lectures. It is but fair to add, that the information which Mr. Hutchinson here imparts, is not only sound, but very clearly and pleasantly conveyed.

Following these lectures is a short paper which we cannot too highly commend: "*A Statistical Report of the Deaths occurring during the year* 1866, *amongst Mr. Hutchinson's Patients,*" compiled by Mr. HUTCHINSON and Mr. WAREN TAY. There are five tables given which deserve careful study, but which scarcely admit of any analysis. In three cases, death was directly due to surgical operations; one case of attempted ovariotomy, fully described in the *London Pathological Transactions;* one, from pyæmia, following the ligation of piles; and a third, of pyæmia and erysipelas, after the excision of a malignant growth from the back of the hand. Two patients died of *tetanus*, the disease in both cases having existed before their admission to the hospital; three died of *erysipelas*, and thirteen of *pyæmia.*

A very interesting "*Case of Fracture of the Odontoid Process,*" in which life was prolonged for two years, is communicated by Mr. ROBERT DEBENHAM; Mr. Hutchinson appends a description of the specimen which is now in the hospital museum, and says: "The history of the case renders it probable that in the first instance a fracture without much displacement occurred. The dislocation forwards was most likely brought about gradually afterwards with increasing compression of the cord. Thus it was not till three weeks after the accident that any symptoms came on, and after this they passed off sufficiently to allow the man to walk about. The anchylosis is probably due, in part, to the continued motion and the irritation thus produced."

The next paper, which is the last for which Mr. HUTCHINSON is personally responsible, is a kind of surgical *Salmagundi*, containing a little of almost everything which the author is in the habit of teaching. The most notable thing about this paper is a photograph giving a representation of an excellent example of the "keloid of Alibert," occurring, as Mr. Hutchinson believes it always does, in the site of an old scar.

The actual cautery is recommended in the treatment of lupus; chloride of zinc in cases of purulent or catarrhal ophthalmia; setons, in the temple, in cases of chronic ulceration of the cornea with photophobia; and the acid nitrate of mercury (as used by Mr. Startin) as a local application to the inflamed follicles of acne. Ophthalmia tarsi should be treated by epilation, and foreign bodies in the auditory meatus removed with a flexible wire loop.

The next paper is entitled "*Operative and Clinical Surgery*," by C. F. MAUNDER. We do not exactly see the propriety of this title, for while much clinical surgery is operative, all operative surgery (unless practised on the cadaver) is necessarily clinical. The paper contains a considerable number of cases, all of more or less interest, with remarks which though rather elementary in tone, are nevertheless, as a rule, practical and sound. We would particularly commend to our reader's attention, Mr. Maunder's views upon the question of opening the sac in the operation for strangulated hernia. Mr. Maunder does not open the sac, except, "Firstly, when local or general symptoms, or both combined, lead me to suspect that a serious pathological change has taken place in the contents of the sac. Secondly, when the stricture is either in the neck of the sac itself, or reduction is impossible by reason of some, at present unknown and irremediable, physical condition of the contents of the sac." To this we would add, that in any case where the strangulation had existed for a considerable period, even if the symptoms were not alarming, it would be safer to open the sac.

A case of some practical importance is one in which for secondary hemorrhage from a sloughing wound of the thumb and hand, the brachial artery was tied, the patient dying from exhaustion (without return of hemorrhage) four days later. We believe that more mistakes are made and more harm done by young surgeons in the management of secondary hemorrhage than in almost any other contingency of surgical practice. In our large army hospitals, during the late war, we generally found that the first thought of the junior medical officers was to stuff a bleeding wound with Monsel's salt (*ferri persulphas*), the result almost always being a large sloughing surface and a quick return of hemorrhage. Those who had a little more confidence in their own operative skill were anxious to tie the main artery, in all cases, above the wound. It seems strange that the time-honoured rule of Guthrie and others, to tie the artery above and below the bleeding point, should be always taught, and yet so often practically ignored. With regard to Mr. Maunder's case, which we have made the text for these remarks, we may say that we have seen excellent results in such cases from the use of *forced flexion* as practised by Mr. Ernest Hart in the treatment of aneurism. Should this plan fail, and we could not find the source of hemorrhage, we should use acupressure as near as possible to the bleeding part. Should this, too, prove unsuccessful, it would be a question whether amputation would not be, in some cases, safer than ligation of the main artery.

Under the heading of "*Crimean Reminiscences*," Mr. MAUNDER adds a case of recovery from compound fracture of the skull, and one of hemorrhage after amputation of the thigh, the bleeding being checked by pressure, but death following, apparently from pyæmia.

The next paper is by JOHN COUPER, F.R.C.S., and contains three cases of great interest. The first is one of extraction of a bullet from the sacrum, more than twenty-one years after the reception of the wound; the position of the foreign body was accurately determined by the use of Nélaton's probe. The second case, which is illustrated with a lithographic plate, describes an autoplastic operation for the relief of a congenital deformity of the pinna of the external ear; and the third describes a curious congenital tail-like appendage on an infant's back, a very good wood-cut showing the appearance of the growth.

Mr. LITTLE next contributes two cases of *cleft palate*, in which the fissures, involving both hard and soft palates, were closed in either case by a single operation; and a "*Description of the Trunk of a Man affected with Lateral and Posterior Spinal Curvature.*" The following remark is important: "In examining a living subject of lateral curvature, it must be remembered that a slight deviation from the normal position in the spinous processes, indicates very considerable displacement of the bodies of the vertebræ, and preventing cure in many cases." This case is illustrated with a lithographic plate.

Mr. CARTER's case of colotomy we have already referred to in noticing Mr. Curling's paper in the beginning of the volume, and we will therefore next pass to "*Some Remarks on Tricuspid Regurgitant and Mitral Presystolic Bruits,*" by HENRY G. SUTTON, M.B. Our author sums up his views on the tricuspid regurgitant murmur as follows:—

"There is evidence to show that tricuspid regurgitant bruits are much more common than we have been led to believe.

"That the regurgitation which causes this bruit is dependent upon great dilatation of the right ventricle.

"That this dilatation, in most instances, is brought about by chronic disease obstructing the circulation through the lungs or mitral orifice.

"That this bruit is most frequently met with where the obstruction has existed for a long time, and has, apparently, been continuous; for instance, in fibrous induration and contraction of the lungs, or in great contraction of the mitral orifice. Where the obstruction has seemingly been of interrupted and variable intensity, the murmur has been usually absent, as in cases of vesicular emphysema with intercurrent bronchitis.

"For the development of the murmur, it would appear to be requisite that the right ventricle should be not only dilated, but considerably hypertrophied."

With regard to the presystolic mitral bruit, our author, differing from most writers, believes it to be "one of the most common bruits that the physician has to deal with;" he has himself observed no less than twelve cases in the short space of two years.

Mr. F. M. MACKENZIE contributes four cases of interest: one of retroversion of the gravid uterus at three months and a half, followed by abortion; one of the same displacement (at three months), recovery taking place without abortion; one of death following division of the cervix uteri with Greenhalgh's bilateral metrotome; and one of death from peritonitis following puncture of an imperforate hymen.

We find next, also communicated by Mr. MACKENZIE, a case which was under Mr. CURLING's care of "*Malignant Growth of Peculiar Structure from the Bones of the Skull of a Child.*" The tumour was "crossed from before backwards by vertical plates of thin bone, attached at their thickest part to the outer table of the frontal bone, and gradually becoming thinner, ending, at the circumference of the tumour, in fibrous membrane. . . . Within the skull the spiculæ were smaller, and shorter than from the outer table of the frontal bone." Two wood-cuts are given, the second showing very well the curious radiated arrangement of these bony lamellæ.

From a note appended by Mr. Hutchinson, we learn that there is a similar specimen in one of the Dublin museums.

The next paper is the longest, and, without question, one of the most valuable in the volume. It is called "*Cases of Disease of the Nervous System,*" and is by Dr. J. HUGHLINGS JACKSON, whose articles on nervous disease in the previous volumes published by the London Hospital have assisted very materially in giving to the series the high reputation which it has obtained. The thirty cases embraced in the present paper are to be used hereafter by their able author for the illustration of the several subjects respectively of Cerebral Amaurosis, Syphilitic Affections of the Nervous System, Physiology of Language, and Cerebral Hemorrhage. In the present volume he confines himself to giving the cases themselves, with occasional comments on various points of less importance. We would gladly transfer this paper bodily to our pages, but must content ourselves with urgently commending it to the careful study of each of our readers, limiting our quotations to the following remarks upon the important subject of cerebral abscess:—

"Abscess of the brain nearly always occurs as a secondary consequence of disease of some part of the cranial wall. Judging from my own experience—which, of course, is nearly limited to medical cases—I should infer that the bone oftenest diseased in connection with cerebral abscess is the petrous bone. More rarely disease of the nasal bones gives rise to it.

"The surgeon, however, sees cerebral abscess as a consequence of injury, and then the bone diseased is often the parietal. . . . In many cases of cerebral abscess from diseased bone, there is no continuity of disease betwixt the disease of bone and the disease of brain. This is often strikingly seen when disease in the ear gives rise to abscess in the cerebellum. . . . There seem to be two stages in the life of a cerebral abscess. (I speak, I may say, of abscesses limited to the cerebral and the cerebellar lobes, for I never saw an abscess in any of the other parts of the brain.) There is the latent stage and the stage of symptoms.

"Now, it is very important to bear in mind that one hemisphere of the cerebrum, and, I believe, one lobe of the cerebellum, may be extensively diseased—I do not say without symptoms, but without any striking symptoms. If the abscess or any other disease were to affect the convolutions near the left corpus striatum, there would doubtless be symptoms; but, as a matter of fact, I have not yet seen a recent abscess so placed. I say recent, as I think I have seen one case in which there had been suppuration involving convolutions close upon the corpus striatum. It is indeed very significant that abscesses seem to affect parts according to the venous system of the brain, rather than according to the arterial, as cerebral hemorrhage does. . . . It is beyond question certain that a person may have extensive disease of one cerebral hemisphere without any obvious symptoms. It is frequently so with abscess of the cerebral hemisphere. An abscess is sometimes discovered in the head of a patient who has died of some other disease. . . . Many years ago I saw, with Dr. Daniel Tuke, then of York, a dispensary patient, forty-seven years of age, who was nominally under my care for emphysema, but had given up coming to me, who became suddenly convulsed, hemiplegic, and comatose, from, as we discovered at the autopsy, about a week later, rupture of an abscess of one cerebral hemisphere into the lateral ventricle. The nature of the intracranial disorder, in a case of this sort, might be guessed from the fact that the man had fallen on his head three months before; but such information is frequently not forthcoming.

"So then, when symptoms do come on, if they begin suddenly, we may have a difficulty in telling whether the patient was suffering from cerebral abscess or from cerebral hemorrhage. This is even so when there is hemiplegia. When there is not, the difficulty is much greater. When the symptoms begin slowly, the difficulty is greater still; and even when there is disease of bone, as shown, let us say, by an offensive discharge from the nose or the ear, we may be unable to say whether there be meningitis or abscess. . . . We often cannot diagnose abscess of the hemisphere, as disease of this part often produces no symptoms. Nay, in strictness, when symptoms occur suddenly, we can only *infer* cerebral abscess from the fact that there is diseased bone. Then sometimes, as in a case I saw at the London Hospital, cerebral abscess occurs with hepatic abscess. In this case there were cerebral symptoms (convulsive attacks) on the day before death only. In such a case the diagnosis was impossible, as suddenly occurring convulsive attacks no more point to the *nature* of change in the brain, than cough does to nature of change in the respiratory organs.

"When cerebral abscess gives rise to symptoms, it seems to do so in one of two ways. First, by suddenly breaking into the ventricle; and secondly by 'acting like a foreign body,' and producing secondary changes in the brain. The first seems to me to be rare. The second I believe to be a commoner one, and is . . . the one which I shall now consider. To say that the abscess 'acted like a foreign body,' is to use an expression which is meant to be quite as much an acknowledgment of ignorance, as to be an expression of anything positive. It is useful, however, as putting the symptoms provisionally in the same category with those which arise from other forms of coarse disease, such as tumours, blood-clots, syphilitic deposits, etc. . . . I believe the woman [whose case forms the text of these remarks] did not die directly of the abscess, but of secondary changes which spread from it, and changes of the same sort occur with other organic disease of the hemisphere. She might have been well now (that is, apparently well), if she had lost twice as much brain as was lost, for we know, as has been several times said, that a patient may exist in at least apparently good health, with very extensive disease of one cerebral hemisphere.

"The commencement of her acute cerebral symptoms was not, I believe, the outward sign of the beginning of the abscess, but of the starting of secondary changes which the formed abscess excited around it. In this case the severe headache may have been the first sign of these changes, and no doubt the changes existed for a while, at least before the convulsive seizure occurred.

"Trephining has been practised for abscess of the cerebral hemisphere, and in one case still under my own care it seems to have been done with success.

"The distinction of two stages also involves the question of reason for operating in cases of cerebral abscess. There are, I suppose, two objects in view in trephining; one being to relieve general pressure by distended abscess, and the other to remove some source of irritation. Now, in this case of abscess of the brain, which was followed by death, I think it quite improbable that the pressure of a mass so small could have given rise to convulsions and to hemiplegia, and, as I think, certainly not to optic neuritis. And as to irritation, I fear this term, although sometimes used as a justifiable verbal artifice, is often nothing more than a metaphysical explanation. I think the general study of the doings of 'foreign bodies' in the brain, leads to the conclusion that changes do ensue of a material nature about the tumour, and that it is to the spreading of these towards the motor tract, and to the optic nervous system, etc., which gives rise to hemiplegia, convulsions, and to amaurosis. As a matter of fact, hemiplegia and amaurosis do occur, with gross disease of the surface of one hemisphere, and sometimes they do not. It seems clear, then, that the local disease is not the cause of these symptoms; but that they depend on changes which the local disease permits or gives rise to."

The next paper is by Dr. HEAD, and describes a "*Case of Irreducible Retroversion of the Gravid Uterus*" in which the operation of paracentesis uteri was performed with a favourable result. The patient was nineteen years of age and six months gone in pregnancy. She had received a blow on the left loin six weeks before her admission to the London Hospital, and a fortnight after the reception of the injury had been seized with intense pain and retention of urine. On admission to the hospital, it was found impossible to introduce a catheter, and all efforts to restore the uterus to its proper place resulted in failure, even when the patient was under the influence of chloroform. The uterus was then punctured with a trocar introduced through the rectum, about twelve ounces of liquor amnii following the instrument when it was withdrawn. The patient aborted in the evening of the following day, and after a not very severe attack of peritonitis, made a good recovery.

Following Dr. Head's interesting paper, is one by D. DEBERDT HOVELL, "*On Neurosis from Moral Shock.*" This article contains several poetical quotations, which, when we mention among the authors names, Shakspeare and Byron, our readers will be prepared to believe are very good reading. Mr. Hovell is in error in supposing that the lamented author of Endymion was really killed by the sarcasm of the *Quarterly Review;* for, in the words of the editor of Murray's large edition of Byron, "All the world knows now that he died of consumption and not of criticism."

In the next paper the question "*Can an Inguino-Scrotal Hernia be reduced en masse?*" is ably discussed by JOHN COUPER, F.R.C.S. The case which forms the text of this paper clearly shows, in the words of the author, "how a sac may be slowly detached from the scrotum and transferred to an intra-parietal position without violence, without rupture of connective tissue, and, therefore, without ecchymosis or inflammation. It also shows how the last portion of this sac may finally have so loose an attachment with the scrotum that it may be quickly transferred, with its contents, through the inguinal canal, to be lost in the intraparietal sac, and may thus give rise to the phenomena of reduction *en masse* as understood by Le Bran (Qu. *Le Dran ?*) and others."

Mr. Couper next gives a case in which a calculus was extracted through a vesico-vaginal fistula, the latter being subsequently closed by operation. The case is of much interest and is well told.

In a third paper Mr. Couper recommends the use of a flexible probe-pointed rod of gutta-percha, as a guide for the introduction of the tracheotomy tube in cases complicated with great swelling of the neck.

Mr. L. S. Little, F.R.C.S., contributes "*Cases of Cholera successfully treated by Saline Injection into the Veins, and Autopsies of Cases unsuccessfully injected, with Remarks.* The cases of recovery were two in number; in the first, the patient (a boy of six years) recovered rapidly after one injection, while in the other, the patient, who was a girl of seventeen, seven months gone in pregnancy, required two injections (the saphena vein being employed as well as the median-basilic) and only became convalescent after premature delivery and a severe attack of pyæmia. In a third case, recorded in the last volume of the Reports as convalescent, death followed ten days subsequently from ulceration of the throat and mouth, caused or at any rate aggravated by the large amount of calomel (nearly an ounce) which had been administered, through a mistake of the "sister" who had charge of the patient.

"All experience," says Mr. Little, "demonstrates the necessity for *repeated* injections; and this fact I beg to impress on any one adopting the treatment of cholera by the introduction of fluids into the veins."

We next find an elaborate and carefully prepared paper called "*A Report on the Morbid Anatomy of Cholera as observed at the London Hospital during the Epidemic of* 1866," by Henry B. Sutton, M.B. The author's summary, founded on the notes of over fifty autopsies, seems worthy of attention, and we, therefore, quote it in full :—

"I may now conclude this report by remarking that the morbid appearances, when death had taken place in the cold or collapse stage of cholera, may be briefly summed up as follows: In a large majority of cases the left ventricle was found contracted, empty, or almost empty, and the right side was found much distended.

"The serous cavities of the pleuræ and pericardium contained very little or no fluid.

"The lungs weighed very much less than normal. In some cases they were very pale in their anterior two-thirds, and of a darker colour in their posterior third. The pale portions, on exposure to the air, rapidly became of a scarlet colour. In other cases the lungs throughout were of a dark red colour; but both the pale and the dark-looking lungs were dry, and on pressure gave out very little blood. Dark, thick blood was seen flowing out of the branches of the pulmonary artery. The lungs were often collapsed. The liver was, on section, often paler than natural, and the lobular structure was indistinct. It was common to see bile in the hepatic ducts. The gall-bladder always contained a quantity of dark, thick bile. The spleen weighed very much less than normal, and was usually pale and firm.

"The kidneys.—The stellate veins were well marked; the cortical portions were often very pale, and the medullary of a pale claret colour.

"The intestines.—The mucous membrane, where there was nothing but rice-water in the intestine, was, in the majority of cases, very pale, or healthy-looking. In imperfect reaction the mucous membrane was highly congested.

"The bladder was contracted and empty.

"In reaction the morbid appearances were the reverse of those of collapse.

"The lungs were congested, and in some cases there was red hepatization; in one case gray hepatization, with purulent infiltration. The bronchial tubes in some cases contained pus and puriform mucus.

"The kidneys were healthy-looking, or congested, and in some cases passing into the condition known as Bright's disease.

"The intestinal mucous membrane was often congested, granular and denuded of its epithelium; and in a few cases there was ulceration in the upper portion of the large intestine.

"The bladder usually contained more or less urine."

In the next paper Mr. ROBERT K. DEBENHAM describes an ingenious whalebone fillet, which he has devised for facilitating lingering labors. Two woodcuts are given to illustrate the application and *modus operandi* of the instrument.

The statistics of major operations performed in the hospital during the year 1866, come next in order. These statistics, which are compiled by Mr. MAUNDER, are quite elaborate, and merit careful study at the hands of practical surgeons.

A sufficiently full and apparently accurate index concludes the volume.

From the analysis which we have offered of the various papers, our readers may rightly infer that the volume as a whole is of considerable value. Some of the contributions indeed are of the very highest order of merit. The fact to which we alluded in our introduction, that more than a quarter of the whole was from one pen, and another fact which may be observed from looking over the names of hospital staff, viz., that not a line has been contributed by any of the three physicians, are sufficient. we think, to account not only for the tardy appearance of the book, but likewise for its containing an unusually large amount of matter which (though well enough in itself) is not appropriate in a collection of hospital reports. This we think an error of judgment on the part of the editors; we would rather have sacrificed the thickness of the volume, to secure a better selection of material. The question is between having to drink a small glass of choice wine, or a quart measure of weak sangaree; for ourselves we prefer our *supernaculum* undiluted.

The long interval since the appearance of the previous volume has not been spent in revising proofs for this, for it contains an unusually large number of verbal errors and misprints. • J. A., JR.

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ART. XXVI.—*St. Andrew's Medical Graduates' Association Transactions*, 1867. Edited by LEONARD W. SEDGWICK. M.D., Hon. Secretary. 8vo. pp. 252. London: John Churchill & Sons, 1868.

THE objects of the St. Andrew's Medical Graduates' Association are, "The advancement of the science and art of medicine, and of general science and literature, the maintenance of the interest of the medical graduates of the university, and the cultivation of social intercourse and good fellowship;" and "to urge upon the government of their country in such manner as they may deem most expedient, the claims of the medical graduates to a vote for a representative in Parliament of the University of St. Andrew." In regard to a representative in Parliament their claims have been allowed, and the medical graduates of the University of St. Andrew have now the same rights in this respect as those of any of the other universities of Great Britain.

The President, Dr. B. W. RICHARDSON, has chosen as the subject of his inaugural oration, "Research in Medicine." Coming as it does from one who is so well known by his writings in this country, it is hardly necessary to say that it is distinguished by its elegance among productions of a similar kind.

*Report on Ozone.* By H. DAY, M.D., M.R.C.P.

This report gives a very full idea of the existing state of knowledge on this subject. The history, mode of production, tests, physical properties, physiological action of ozone, the morbid phenomena produced by it, and its action on organic compounds are all distinctly stated. The tests for the presence of